

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401949681

Date Received:

02/26/2019

Spill report taken by:

Spill/Release Point ID:

SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>CHEVRON USA INC</u>	Operator No: <u>16700</u>	Phone Numbers Phone: <u>(675) 3814</u> Mobile: <u>(307) 8715363</u> Email: <u>spwu@chevron.com</u>
Address: <u>100 CHEVRON RD</u>		
City: <u>RANGELY</u>	State: <u>CO</u> Zip: <u>81648</u>	
Contact Person: <u>S Chris Patterson</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401943888

Initial Report Date: 02/19/2019 Date of Discovery: 02/19/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NESW SEC 29 TWP 2N RNG 102W MERIDIAN 6

Latitude: 40.112254 Longitude: -108.869609

Municipality (if within municipal boundaries): _____ County: RIO BLANCO

Reference Location:

Facility Type: FLOWLINE

☐ Facility/Location ID No _____

Spill/Release Point Name: Union Pacific

☒ No Existing Facility or Location ID No.

Number: 4-29

☐ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0

Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0

Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0

Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: Water wash has been scheduled

Land Use:

Current Land Use: NON-CROP LAND

Other(Specify): _____

Weather Condition: Clear, Calm, 15 Degrees F

Surface Owner: FEE

Other(Specify): _____

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☐ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

2 inch Stainless Y-strainer failure spilling 31.48bbls. produced water. Location was isolated when discovered. Spill was contained on location, inside berm. Hydrovac truck recovered 31bbls. Water washing is being sceduled.

List Agencies and Other Parties Notified:

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes ☐ No ☒

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/25/2019		
FLUIDS	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	31	31	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	80	80	<input type="checkbox"/>

specify: Clean water used to water wash spill area

Was spill/release completely contained within berms or secondary containment? NO Was an Emergency Pit constructed? NO

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit

Impacted Media (Check all that apply) ☒ Soil ☐ Groundwater ☐ Surface Water ☐ Dry Drainage Feature

Surface Area Impacted: Length of Impact (feet): 30 Width of Impact (feet): _____

Depth of Impact (feet BGS): _____ Depth of Impact (inches BGS): 3

How was extent determined?

The spill was circular 30 feet-tape measure

Soil/Geology Description:

high clay

Depth to Groundwater (feet BGS) 4550 Number Water Wells within 1/2 mile radius: 0

If less than 1 mile, distance in feet to nearest

Water Well	<u>4759</u>	None <input type="checkbox"/>	Surface Water	<u>1552</u>	None <input type="checkbox"/>
Wetlands	_____	None <input checked="" type="checkbox"/>	Springs	_____	None <input checked="" type="checkbox"/>
Livestock	_____	None <input checked="" type="checkbox"/>	Occupied Building	_____	None <input checked="" type="checkbox"/>

Additional Spill Details Not Provided Above:

Water washed area with 80 bbls of clean water. Recovered 80 bbls. Request an amended soil sample schedule that includes EC, SAR, PH, based on rule 910.b(3)b. as per conversations with Kris Neidel. Well Union Pacific 4-29. API No. 05-103-05632

CORRECTIVE ACTIONS

#1	Supplemental Report Date: 02/25/2019	
Cause of Spill (Check all that apply)		
<input type="checkbox"/> Human Error	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Historical-Unknown
<input checked="" type="checkbox"/> Other (specify) froze Y-strainer/flowline.		
Describe Incident & Root Cause (include specific equipment and point of failure)		
Y-strainer froze due to low flow, spilling produced injection water.		
Describe measures taken to prevent the problem(s) from reoccurring:		
Monitoring low flowing injection wells, blocking in when freezing temperatures are present.		
Volume of Soil Excavated (cubic yards): 0		
Disposition of Excavated Soil (attach documentation)		
<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Onsite Treatment	
<input type="checkbox"/> Other (specify)		
Volume of Impacted Ground Water Removed (bbls): 0		
Volume of Impacted Surface Water Removed (bbls): 0		

REQUEST FOR CLOSURE

Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.

Basis for Closure: ☐ Corrective Actions Completed (documentation attached)

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No: _____

OPERATOR COMMENTS:

Request an amended soil sample schedule that includes EC, SAR, PH, baised on rule 910.b(3)b. as per discussion with Kris Neidel

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: S Chris Patterson

Title: HES Specialist Date: 02/26/2019 Email: spwu@chevron.com

COA Type	Description

Attachment Check List

Att Doc Num	Name
401949758	AERIAL PHOTOGRAPH

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)